

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32934

## 1. PLACE OF DEATH

County JacksonRegistration District No. 398Township 6thPrimary Registration District No. 3019City Independence, Mo.

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 611 W. Livingston St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 16 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1857

7. AGE YEARS 76 MONTHS 4 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Mountain View (STATE OR COUNTRY) Tenn.

13. NAME John Casey

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) West Va.

15. MAIDEN NAME Matilda Stone

16. BIRTHPLACE (CITY OR TOWN) Whiting (STATE OR COUNTRY) West Va.

17. INFORMANT George Green (ADDRESS) 611 W. Livingston St.

18. BURIAL, CREMATION, OR REMOVAL Home DATE 10-7-33

19. UNDERTAKER Edwin Funeral Home (ADDRESS) Independence, Mo.

20. FILED Oct. 7, 1933 Dr. F. L. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-6-193322. I HEREBY CERTIFY That I attended deceased from Oct 31, 1933 to Oct 6, 1933I last saw her alive on Oct 2, 1933Death is said to have occurred on the date stated above, at 12:10 AM Oct. 6, 1933

The principal cause of death and related causes of importance were as follows:

RT. cerebral hemorrhageischemicstrokehypertensionarteriosclerosishypertrophy of hearthypertrophy of liverhypertrophy of spleenhypertrophy of kidneyshypertrophy of lungshypertrophy of stomachhypertrophy of intestineshypertrophy of bladderhypertrophy of uterushypertrophy of ovarieshypertrophy of vaginahypertrophy of cervixhypertrophy of fallopian tubeshypertrophy of uterushypertrophy of ovarieshypertrophy of vaginahypertrophy of cervixhypertrophy of fallopian tubeshypertrophy of uterushypertrophy of ovarieshypertrophy of vaginahypertrophy of cervixhypertrophy of fallopian tubeshypertrophy of uterus

